BEST AVOID TO COUNTY Population or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECOI								10 09 849 404					
Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	VΠΠΥ □	OR	OTHER SMALL		
TOTAL CLAIMS			1049					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/04 minus 20=		· 8	84		X\$ 9=		OR	X\$18=	1512	
INDEPENDENT CLAIMS				nus 3 =	. 5	<u>ч</u>		X40=		OR	X80=	1420	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=		
• If	the difference	less than ze	s than zero, enter "0" in column 2				TOTAL		OR	TOTAL	4142		
CLAIMS AS AMENDED - PART II										•	OTHER		
(Column 1) (Column 2) (Column Claumn						(Column 3)		SMALL		OR	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 45	Minus	10	14	=		X\$ 9=		OR	X\$18=		
ME	Independent	· 15	Minus	··· S	2: 7	<u> </u>		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							•	TOTAL		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			AUUII. PEE		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	. 60	Minus		04	-] [X\$ 9=		OR	X\$18=		
AME	Independent	• 18 NTATION OF M	Minus	*** C	CI AIM	<u> </u>		:X40=		OR	X80=		
 	TINOTTREDE		OLIN CL OLI	LITOLIT			'	+135=		OR	+270=		
			•				-	TOTAL ADDIT: FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	· .	PREV	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N N	Total	. 60	Minus	- 10	14	=		X\$ 9=		OR	X\$18=	;	
AME	Independent	· 18	Minus	*** <i>6</i>			 	X40=		OR	X80=		
۲	HRST PRESE	ENTATION OF M	ULTIPLE DE	ENDEN	CLAIM		4	+135=	· · · · · · · · · · · · · · · · · · ·	OR	+270=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT. FEE		
["	'If the "Highest No	mber Previously Panber Previously Pa	eid For IN THI	S SPACE	is less tha	un 3. enter "3."	•	NDDIT. FEE	propriate bo	s In co			

FORM PTO-875 (Rev. 8/00)